



SOLICITATION AMENDMENT

Solicitation No. HB641196 Transcription Services

Solicitation Amendment # One (1)

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Solicitation Due Date: May 17, 2006 at

3:00 P.M.

ARIZONA DEPARTMENT OF HEALTH SERVICES

1740 West Adams, Room 303
Phoenix, AZ 85007
(602) 542-1040
(602) 542-1741 fax

Contact: **Christine Finney**

A signed copy of this amendment must be submitted with your Solicitation Response.

Solicitation HB641196 is amended as follows:

1. Replace Specifications, Pages 22 – 24 with the attached **REVISED** Specifications:

All other provisions shall remaining their entirety

Vendor hereby acknowledges receipt and
understanding of above amendment

Signature

Date

The above referenced Solicitation Amendment is
hereby executed this 4th Day of May, 2006 in
Phoenix, Arizona.

Name and Title:

Name of Company:

Christine Ruth, Procurement Administrator

REVISED SPECIFICATIONS

SOLICITATION NO: HB641196

1. BACKGROUND

The Arizona State Hospital (Hospital) is a unit of the Division of Behavioral Health Services (BHS) of the Arizona Department of Health Services (ADHS). It is established and operated under A.R.S. 36-3701 “for the care and treatment of persons with mental disorders and persons with other personality disorders or emotional conditions who will benefit from care and treatment.”

The Hospital provides treatment and rehabilitative services to the most severely mentally ill persons in the state. This is a court-ordered and civil-committed treatment center. Individuals must be suffering from a behavioral health illness, which has severely impaired their functioning and ability to live within their family and community.

The Arizona State Legislature enacted A.R.S. 36-4606 in the 1997 legislative session requiring the housing of “sexually violent persons” (SVP) at the Arizona State Hospital in the Arizona Community Protection and Treatment Center (ACPTC) program.

ACPTC provides for a secure treatment environment for sexually violent persons (“residents”) who have been determined to have a mental disorder and need to be committed to protect the health and safety of others in the community.

The Hospital and ACTPC are located at 2500 East Van Buren Street, Phoenix, Arizona 85008. The Hospital and ACPTC operate twenty-four hours (24) per day, three hundred sixty-five (365) days per year.

2. OBJECTIVE

Medical Transcription Service is needed at the Arizona State Hospital and ACPTC to maintain the timely completion of dictation of psychiatric, medical, admission, and annual reports and discharge reports to meet standards for documentation.

3. SPECIFICATIONS:

A. Equipment:

1. The Contractor shall provide phone-in digital equipment, and be available 24 hours a day, 365 days a year from any touch tone telephone. All dictation controls (pause, backspace, replay, start/stop, etc.) are accessed using the telephone keypad. Once the dictator hangs up the telephone, the dictation is available to be transcribed by the Contractor.
2. All transcription shall be spell-checked and grammar-checked with automated tools. All work shall also be proof read before completion and submitted to the Arizona State Hospital.

B. Delivery:

1. If necessary, the Contractor’s courier shall pick up and deliver cassette tapes. The Contractor shall possess the capability to transcribe from three sized cassettes,(i.e., micro, mini and standard).
2. The Contractor shall provide delivery service upon request at no cost to the Hospital, and may deliver transcription back via U. S. Mail, UPS, facsimile, or computer discs (floppy or CD).
3. The Contractor shall deliver by courier at no cost to the Hospital. The courier shall pick up and/or leave transcription at a designated location at ACPTC and the Arizona State Hospital.

C. Transcription:

1. The Contractor shall provide a twenty-four (24) hour turnaround service on all transcription.
2. Emergency STAT service on transcription shall be available. Emergency STAT turnaround shall not exceed six (6) hours. Emergency STAT service includes expediting the transcription via FAX or E-mail. The Contractor’s FAX machine must be always available for transmitting urgent requests and hand written corrections.

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3. The Contractor shall archive reports for 6 months one year from the date report is transcribed. During the archival period, transcription shall be easily retrieved for reprint or editing.
4. The Contractor shall have the ability to develop multiple and varied reports (transcription reports of lengths from 1-12 pages or more).
5. All transcription must be given maximum turnaround of 24 hours from receipt, either by phone or courier.

D. Security & Data Encryption:

1. The Contractor shall obtain prior approval before utilizing electronic means of transmittal (e-mail or file transfer protocol (FTP)) to transmit and receive requests for transcription services under this Contract.
2. The Arizona Department of Health Services will not approve the use of electronic transmittals until receipt and acceptance of Contractor's written security plan including (but not limited to) the following information:
 - Physical location of all servers that will be used to store protected health information.
 - Verification that Contractor will be utilizing only Secure File Transfer Protocol with no less than 128 bit encryption.
 - Verification that information will be encrypted at the server site, host site and during all transit.
 - Verification that E-mail encryption software is being utilized for all outgoing files that are sent via e-mail to the Hospital.
 - Verification that information will be scrubbed (not just deleted) from all file servers within the specified and approved timeframes.
 - Data must be transmitted via a dedicated line. Wireless technology is not considered a dedicated line for the purposes of this Contract.
 - Contractor, under the terms of Business Associate Agreement shall ensure that all employees and subcontractors are educated on safeguarding electronic protected health information.

4. REQUIREMENTS

- 4.1 The Contractor shall provide documentation of performance improvement indicators and periodic reports as required.
- 4.2 The Contractor shall comply with all requirements of applicable standards of Joint Commission on Accreditation of Health Care Organization (JCAHO), Health Care Financing Agency (HCFA), Occupational Safety Hazard Association (OSHA), National Fire Protection Association (NFPA), Environmental Protection Agency (EPA), Center for Disease Control (CDC) and any other federal, state and local regulatory agencies.
- 4.3 The Contractor shall provide documentation of evidence of compliance with applicable regulations enforced by the Joint Commission on Accreditation of Health Care Organization (JCAHO), Health Care Financing Agency (HCFA), Occupational Safety Hazard Association (OSHA), National Fire Protection Association (NFPA), Environmental Protection Agency (EPA), Center for Disease Control (CDC) and any other federal, state, and local regulatory agencies, including Arizona State Hospital and ACPTC Policies and Procedures.
- 4.4 The Contractor shall provide a Plan of Correction (POC) as requested by the Quality Resource Management (QRM) Director or designee when deficiencies have been identified by the hospital or an external regulatory agency.

5. ADDITIONAL REQUIREMENTS AT CONTRACT AWARD

Items to be provided by the Contractor as required under the Special Terms and Conditions within ten (10) days of Contract award, and upon request through the term of the Contract.

- 5.1 Certificate of Liability Insurance
- 5.2 HIPAA Business Associate Agreement (BAA) - Attachment A

REVISED SPECIFICATIONS

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6. REFERENCE DOCUMENTS

The following documents are available for review at the ADHS Procurement Office or via Internet links, as noted:

- 6.1 Hospital Policies and Procedures Manual, sections specific to this Contract
- 6.2 Vendor Performance Report
- 6.3 JCAHO Procedures – are available for purchase from Joint Commission Resources @
<http://www.jcrinc.com/publications.asp?durki=77#hosplink>
- 6.4 Medicare State Operations Manual: http://www.cms.hhs.gov/manuals/107_som/som107ap_a_hospital.pdf
- 6.5 Hospital Licensing: http://www.azsos.gov/public_services/Title_09/9-10.htm
- 6.6 Behavioral Health Services Licensure: http://www.azsos.gov/public_services/Title_09/9-20.htm
- 6.7 Code of Federal Regulations (CFR) Title 29, part 1910.1030
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051

7. DELIVERY SCHEDULE

Contractor shall provide delivery at no additional charge to the Arizona State Hospital, 2500 E. Van Buren Street, 85008 between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday.

8. REPORTS

- 8.1 Upon request, Contractor shall work with the Hospital to design a report, ensuring the format meets the Hospital's requirements for budgeting and contract management purposes. Other reports may be requested by the Hospital and shall be mutually agreed upon.

9. APPROVALS

Approvals of all services, reports, and invoices will be given by the Hospital project Manager prior to payments made on services.

10. NOTICES, CORRESPONDENCE, REPORTS, INVOICES AND PAYMENTS

Invoices for services performed are due to the Hospital Business Manager within thirty (30) days after the end of each month and shall specify dates, patient number, type of report, dictator, and number of lines dictated, amount per line, and extended total..

Each invoice shall be for the full calendar month, for example June 1st through June 30th. Contractor shall submit 2 (two) separate invoices; one each for the Arizona State Hospital and the Arizona Community Protection and Treatment Center.

Invoices for the Hospital and the ACPTC shall both be sent to the following address:

Arizona State Hospital
Business Manager
2500 East Van Buren Street
Phoenix, Arizona 85008

Invoices shall be paid by ADHS within thirty (30) days following receipt of the invoice. In the case of any dispute regarding part of any invoice, ADHS shall pay the undisputed part according to the payment terms described above.

Notices, Correspondence, Reports and Payments from The Hospital to the Contractor shall be sent to:

Contractor _____
Attention: _____
Address _____
Address _____
City, State, Zip _____